

Healthy Families

Purpose

This chapter describes the Healthy Families Program including who may be eligible, what the benefits are and how to enroll. Also discussed are the Annual Eligibility Review (AER), Open Enrollment (OE) and appeals. Once the applications have been screened by the Single Point of Entry (SPE) for no-cost Medi-Cal for Families, the applications are then forwarded to the Healthy Families Program for processing.

Program Overview

The Healthy Families Program provides low-cost health coverage for children up to age 19 whose families' incomes are between 100% and 250% of the Federal Income Guidelines (FIG). With Healthy Families, families pay a small premium each month to receive healthcare services for their children.

NOTE: The Healthy Families Handbook is updated every June. To obtain copies of this handbook, please contact 1-800-880-5305.

Eligibility Requirements

- Children must be under age 19.
- Children must be California residents. See California residency requirements on page 7-2.
- Children must be U.S. citizens, U.S. nationals or qualified immigrants. See Qualified Immigrants on page 7-27.
- Families' incomes must be greater than 100% and less than 250% of the Federal Income Guidelines (varies depending on the age of the child). See the attached Income Chart on page 7-2.
- Children CANNOT be eligible for or receiving no-cost Medi-Cal benefits. (Enrollment in Share-of-Cost Medi-Cal is permitted.)
- Children CANNOT be covered by employer-sponsored health insurance within the previous three months (with some exceptions). See 7-4 for more information.

NOTE: Children are not excluded from coverage due to pre-existing conditions.

California Residency Requirements

In order to be enrolled in Healthy Families children must be residents of the State of California. Typically applicants use their paycheck stubs that show employment in California as proof of their residency. See Chapter 10: *Required Documents* for more information about the documents that can be used to show California residency.

Citizenship and Immigration Status Requirements

In order to qualify for Healthy Families, children must be either U.S. citizens, U.S. nationals or

qualified immigrants. See page 7-27 for more information about the different qualified immigrant statuses for Healthy Families.

Undocumented children DO NOT qualify for Healthy Families.

Net (After Deductions) Monthly Income Limits

Healthy Families uses the Federal Income Guidelines to determine if children are qualified for the Healthy Families Program (see chart below). The countable monthly income chart for Healthy Families is shown below.

NOTE: Children who do not qualify for Healthy Families may qualify for other public and private programs. See Chapter 11: *Other Health Programs* for more information.

Use until March 31, 2007. Guidelines change April 1st each year.

Family Size	Child age 0 to 1 or Pregnant Women Medi-Cal	Child Age 0 to 1 Healthy Families	Child age 1 through 5 Medi-Cal	Child Age 1 through 5 Healthy Families	Child age 6 through 18 Medi-Cal	Child age 6 through 18 Healthy Families
1	\$0 - \$1,634	\$1,635 - \$2,042	\$0 - \$1,087	\$1,088 - \$2,042	\$0 - \$817	\$818 - \$2,042
2	\$0 - \$2,200	\$2,201 - \$2,750	\$0 - \$1,463	\$1,464 - \$2,750	\$0 - \$1,100	\$1,101 - \$2,750
3	\$0 - \$2,767	\$2,768 - \$3,459	\$0 - \$1,840	\$1,841 - \$3,459	\$0 - \$1,384	\$1,385 - \$3,459
4	\$0 - \$3,334	\$3,335 - \$4,167	\$0 - \$2,217	\$2,218 - \$4,167	\$0 - \$1,667	\$1,668 - \$4,167
5	\$0 - \$3,900	\$3,901 - \$4,875	\$0 - \$2,594	\$2,595 - \$4,875	\$0 - \$1,950	\$1,951 - \$4,875
6	\$0 - \$4,467	\$4,468 - \$5,584	\$0 - \$2,971	\$2,972 - \$5,584	\$0 - \$2,234	\$2,235 - \$5,584
7	\$0 - \$5,034	\$5,035 - \$6,292	\$0 - \$3,348	\$3,349 - \$6,292	\$0 - \$2,517	\$2,518 - \$6,292
8	\$0 - \$5,600	\$5,601 - \$7,000	\$0 - \$3,724	\$3,725 - \$7,000	\$0 - \$2,800	\$2,801 - \$7,000
9	\$0 - \$6,167	\$6,168 - \$7,709	\$0 - \$4,101	\$4,102 - \$7,709	\$0 - \$3,084	\$3,085 - \$7,709
10	\$0 - \$6,734	\$6,735 - \$8,417	\$0 - \$4,478	\$4,479 - \$8,417	\$0 - \$3,367	\$3,368 - \$8,417

Summary of Benefits

Children enrolled in Healthy Families receive a broad benefits package for a small monthly fee called a premium. The premiums range from \$4.00 to \$15.00 per child per month, up to a maximum of \$45.00 for all the children in a family. The benefits package includes the services listed below:

- Medically necessary hospitalizations
- Emergency care services
- Physician, medical and surgical services
- Inpatient and outpatient services
- Preventive care
- Immunizations
- Prescription drugs
- Well-child care services
- Family planning services
- Maternity services
- Substance abuse services
- Mental health services
- Skilled nursing care
- Home health care
- Occupational, physical and speech therapies
- Laboratory and X-ray services
- Dental benefits, including preventive and diagnostic services
- Vision benefits, including annual exams and eyeglasses

Additional information about the services can be found in the Healthy Families Handbook, pages 14 through 17.

Benefits including preventive health, preventive dental and preventive vision care exams are provided with no co-payment. Services, such as emergency care and prescription drugs, do require co-payments of \$5.00 per child per visit and per prescription. There is a maximum co-payment limit of \$250 per benefit year per family (July 1st to June 30th each year). Additional information about which services require co-payments is provided in the Healthy Families Handbook, pages 14 through 17.

Other Coverage

In some cases children may be enrolled in other healthcare programs at the same time they are enrolled in Healthy Families. If children are enrolled in another program, their families should inform their Healthy Families providers. Some of these programs are listed below:

- Children may be eligible for Healthy Families even if they receive Medi-Cal with Share-of-Cost.
- Children receiving California Children Services (CCS) and who do not have no-cost Medi-Cal may be eligible for Healthy Families. Children in Healthy Families with CCS-eligible conditions are entitled to CCS services.

NOTE: Children who are enrolled in no-cost Medi-Cal are NOT eligible for Healthy Families.

Employer-Sponsored Insurance

Children who are enrolled in employer-sponsored health insurance are not eligible for Healthy Families. If the parents cancel their children's employer-sponsored health insurance, there is a three month period of ineligibility before the children can enroll in Healthy Families. CAAs must NEVER recommend that parents cancel their children's coverage from their employer-sponsored health insurance in order to apply for Healthy Families.

There are some exceptions to the three month period of ineligibility (called a waiting period). This waiting period will be waived if any one of the following occurs to the person through whom the employer-sponsored health insurance for the children had been available:

- Loses his or her job
- Moves to a zip code area or region that is not covered by the employer-sponsored health insurance
- Loses health benefits because his or her employer stopped health benefits for all employees

NOTE: If children were covered under a Consolidated Omnibus Budget Reconciliation Act (COBRA) policy and the COBRA coverage will end, applicants do not have to wait for the COBRA coverage to end before they can apply for Healthy Families for their children. There is no three month wait if the applicants cancel their COBRA coverage.

- Dies
- Divorces or is legally separated from the parent with whom the children live (or who is applying for the children)

NOTE: These rules do not apply if children are covered under an individual (privately paid) health, dental or vision policy. Healthy Families Program coverage can begin when the private coverage ends.

If children receive only medical coverage through employer-sponsored health insurance, they CANNOT enroll in Healthy Families for dental and vision coverage only. However, if the employer-sponsored insurance provides only dental or vision coverage, the children can enroll in Healthy Families.

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Information Regarding Absent Parents Applying For Healthy Families

For Healthy Families, applicants must live with the children for whom they are applying with two exceptions:

- Children who are away at school and claimed as tax dependents by their parents
- Absent parents who do not reside with their children

The absent parents must be natural or adoptive parents. Stepparents cannot apply unless they live with the children. Absent parents, however, are NOT counted in the family size and their incomes are not counted. The family size and family income of the household in which the children reside are used to determine their eligibility.

For Example: An absent father wishes to apply for his two children who live with their mother. The mother lives alone with the children. In this case the children's family size is three (the mother and the two children). Only the mother's income and any income the children have (such as child support) would be counted. The father does not need to provide any of his income information on the application. If the children are determined eligible and enrolled in Healthy Families, the father would be responsible for the premium payments and receive all program information (such as the Annual Eligibility Review and Open Enrollment forms).

Choice of Health, Dental and Vision Plans & Providers: General Information

On page A4 of the application, applicants will select the health, dental and vision plans for their children in Healthy Families. The Healthy Families Handbook lists the plans available by county as well as each plan's contact information and other information to help applicants select the appropriate plans for their children.

SECTION A: Health, Dental and Vision Plan Choices.

54 Health Plan/Code	55 Dental Plan/Code	56 Vision Plan/Code
57 Name of Doctor/Clinic (optional)	58 Doctor/Clinic Code (optional)	59 Name of Dentist/Clinic (optional)
		60 Dentist/Clinic Code (optional)

If page A4 is not completed and the children qualify for Healthy Families, applicants will be contacted for plan selections. Applicants will be enrolled after their plan selections and premium payments have been received.

Applicants may choose health, dental and vision plans from the list in the Healthy Families Handbook. Each health, dental and vision plan has its own primary care physicians, dentists, specialists, clinics, laboratories, pharmacies and hospitals. Some plans ask that the family choose a provider (physician). These providers and the provider codes are available by calling Healthy Families at 1-888-747-1222, by calling the plans directly or from the Healthy Families website, www.healthyfamilies.ca.gov. The website is regularly updated and applicants can search for plans by county. Applicants can also research specific providers, searching by name, gender, specialty, language or location (city or zip code).

NOTE: If applicants do not select providers for their children, their plans will assign all children the same provider. Families may change their children's providers as often as their plans allow; this information is listed in the Healthy Families Handbook.

Vision Plan: When children need vision services, families will call their vision plans, which will mail authorization cards with a list of providers. The parents will make appointments and take the cards to providers on the list.

IMPORTANT: Applicants must choose the health, dental and vision plans WITHOUT ANY COACHING or guidance from CAAs. Coaching or giving advice about which plans to choose may cause CAAs to lose their certifications.

NOTE: CAAs may help applicants find plan and provider information and may explain information in the Healthy Families Handbook or on the Healthy Families website, www.healthyfamilies.ca.gov, through the “Find a Health Plan” and “Find a Doctor” links.

Monthly Premium Instructions

Use the following instructions to estimate the applicants' monthly premiums for Healthy Families.

1. To compute premium calculations (i.e., Category A/ B/C), use the combined net income of all family members counted in the family size, as long as that income was used to determine the HF eligibility of at least one child (see Chapter 4: Determining Family Size and Income).
2. Use the chart below to determine if a family's net income falls in Category A, B, or C.
 - Look at the number of family members in the household (family size column).
 - Determine which Income Category (A, B, or C) the family's net income is in.

Healthy Families Monthly Premium Category Chart

Family Size	Category A	Category B	Category C
	Monthly Income	Monthly Income	Monthly Income
1	\$818 - \$1,225	\$1,225.01 - \$1,634	\$1,634.01 - \$2,042
2	\$1,101 - \$1,650	\$1,650.01 - \$2,200	\$2,200.01 - \$2,750
3	\$1,385 - \$2,075	\$2,075.01 - \$2,767	\$2,767.01 - \$3,459
4	\$1,668 - \$2,500	\$2,500.01 - \$3,334	\$3,334.01 - \$4,167
5	\$1,951 - \$2,925	\$2,925.01 - \$3,900	\$3,900.01 - \$4,875
6	\$2,235 - \$3,350	\$3,350.01 - \$4,467	\$4,467.01 - \$5,584
7	\$2,518 - \$3,775	\$3,775.01 - \$5,034	\$5,034.01 - \$6,292
8	\$2,801 - \$4,200	\$4,200.01 - \$5,600	\$5,600.01 - \$7,000
9	\$3,085 - \$4,625	\$4,625.01 - \$6,167	\$6,167.01 - \$7,709
10	\$3,368 - \$5,050	\$5,050.01 - \$6,734	\$6,734.01 - \$8,417
	For more than 10 people, add the following amount for each additional child.		
	\$285 - \$425	\$425.01 - \$567	\$567.01 - \$709

Monthly Premium Instructions

Determining the monthly premium for Healthy Families continued:

3. In the Healthy Families Handbook, find the county where the children live and the health plan the applicant has chosen.
4. The monthly premium the family will pay is listed under "Category A, B, or C."
5. The premium amount depends on the number of children and the Income Category (A, B, or C). Use the number of children who will be ENROLLED in Healthy Families. When using this chart, do not include children who are not going to be enrolled in Healthy Families.

Plan Code

Health Plans
Offered

A/B/C Income Category
& Premiums

County where
children live

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1020	Santa Barbara Regional Health Authority	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code Vision Plans Available							
		3002 EyeMed Vision Care							
		3003 SafeGuard Vision							
		3001 Vision Service Plan (VSP)							
2003	SafeGuard Dental ** 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64								
2008	Western Dental								

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NOTE: Applicants' premium payment amounts are based on applicants' health plan selections. The premium payments for the dental and vision plans are included in the health plan amounts listed in the table above.

Monthly Premium Instructions

First Month's Premium

To ensure children are enrolled as soon as possible, the first month's premium should be sent with the application. The initial payment can be in the form of a personal check, cashier's check or money order payable to the Healthy Families Program. If the first month's premium is not sent with the application, the Healthy Families Program will contact the applicant to request payment, and enrollment will be delayed. The children will NOT be enrolled in Healthy Families until the premium payment is received. See Chapter 8: Application Completion Instructions for more information about completing page A4 of the application.

- After the first payment, families have the following payment options:
- Personal check
- Cashier's check
- Money order
- Credit card
- Electronic Fund Transfer
- Cash, at participating Western Unions

NOTE: All applicants need to include a premium amount of \$9 per child (maximum is \$27) when sending in the Healthy Families and Medi-Cal mail-in application.

Saving Money on Premiums

Families can save money on their premiums in three ways:

- They may choose the Community Provider Health Plan in their county. There is one Community Provider Health Plan in each county which offers Healthy Families coverage at a discounted premium.
- They may pay three months of premiums at one time. Families who choose this option will receive the fourth month of coverage for free. Families may use this option with their initial applications.
- They may pay their premiums by Electronic Fund Transfer (EFT). Families who choose this option will receive a 25% discount on their monthly premiums. The authorization form to sign up for the EFT is on the back of the billing invoice that is sent to families each month. Families who pay by EFT cannot pay three months in advance. This is not an option for the first payment.

Monthly Premium Instructions

NOTE: If the children are American Indian or Alaskan Native AND applicants indicate this on their applications (i.e., as an ethnic code 5A or 5B) and provide the necessary supporting documents, they do not need to send premium payments with their applications. If applicants do not provide the documents with their applications, they will be required to pay any co-payments for services until they submit the appropriate documents. Families must submit these documents within two months of being enrolled in Healthy Families. Applicants will be responsible for paying premiums beginning the third month if their American Indian or Alaskan Native proof of ancestry has not been submitted.

CAA REMINDER:

- CAAs and their EE should NEVER accept any premium payments or handle any money on behalf of applicants.
- Premium payments should be included with the completed applications and mailed by the APPLICANTS.

Family Contribution Sponsorship

Family Contribution Sponsors are individuals or groups who pay a year's worth of premiums in advance for children enrolled in Healthy Families. Sponsors must be registered with and be approved by the Managed Risk Medical Insurance Board (MRMIB).

Becoming a Family Contribution Sponsor

To become a sponsor, individuals or entities can download a copy of the Sponsor Registration Form from the Healthy Families website, www.healthyfamilies.ca.gov, by clicking on the "Sponsorship" link, or they can call 1-800-880-5305 to request a copy by mail.

The registration form requires potential Family Contribution Sponsors to certify that:

- They are eligible to be a Family Contribution Sponsor.
- They acknowledge that Managed Risk Medical Insurance Board (MRMIB) has taken no position as to whether payment of premiums as a Family Contribution Sponsor by any person or entity would be in violation of federal fraud and abuse laws.
- They will allow sponsored applicants to make their own choices among participating plans in their counties of residence as identified by the Healthy Families Handbook.
- They will sponsor all eligible persons in the household.

The completed Family Contribution Sponsor Registration Form can be faxed to 1-866-848-4974 or mailed to:

Healthy Families Program
Attn: Sponsorship Registration
P.O. Box 138005
Sacramento, CA 95813-8005

Healthy Families will notify potential Family Contribution Sponsors of their approval. If they are accepted, Healthy Families will issue them identification numbers and provide Sponsorship Payment Forms, or sponsors may download the payment forms from the Healthy Families website, www.healthyfamilies.ca.gov, by clicking on the "Sponsorship" link.

Any individual or group can be a Family Contribution Sponsor except:

- A person who is a health, dental or vision care provider who participates in the Healthy Families Program, or an organization composed primarily of or controlled by such persons
- An entity (including governmental, school, non-profit and charitable organizations) that is or that operates an institution or facility that is a health, dental or vision care provider that participates in the Healthy Families Program
- A health, dental or vision plan that participates in the Healthy Families Program
- Any person or entity acting on behalf of or representing a person or entity listed above

NOTE: The Healthy Families regulations regarding who is eligible to be a Family Contribution Sponsor exclude people or groups who might violate federal anti-kickback or other fraud and abuse laws by paying family contributions. Any individual or organization that receives federal healthcare funds through any program and anyone with any other legal questions about sponsorship should consult with an attorney before becoming a sponsor. The Healthy Families Program and MRMIB cannot provide legal advice on federal fraud and abuse laws.

How to Sponsor a Family

Family Contribution Sponsors must mail the Sponsorship Payment Form and full payment for 12 months for the sponsored family. It is the sponsor's responsibility to pay the premium amount determined by Healthy Families. The payment will first be used to pay any past due premiums, then the current and future months of coverage.

NOTE: If a sponsored family moves to a different county in California or transfers to a different health plan, the premium payment will remain paid for the duration of the 12 months as long as the children remain eligible for the Healthy Families Program.

Early Enrollment Process

Applicants can apply for the Healthy Families Program up to three months early for:

- Children who will turn 1 year old and lose no-cost Medi-Cal (between 133% and 250% of the FIG)
- Children who will become 6 years old and lose no-cost Medi-Cal (between 100% and 250% of the FIG)
- Children whose no-cost Medi-Cal is ending
- Unborn children whose net (after deductions) family income is between 200% and 250% of the FIG. Applicants can apply for unborn children up to three months before their expected due dates.

NOTE: If a pregnant woman whose unborn child is eligible for Healthy Families has no insurance for herself, she may qualify for Access for Infants and Mothers (AIM) if her income is between 200% and 300% of the FIG and she is no more than 30 weeks pregnant. See Chapter 11: *Other Health Programs* for more information.

Applicants who wish to enroll an unborn child should provide as much information as possible about the unborn child in Section 2 of the application in the “Child 1 or Unborn” column, Questions 22, 27 and 28. Proof of pregnancy from a doctor or provider that includes the estimated due date must also be included with the application.

Healthy Families coverage for a newborn will begin 13 days after Healthy Families receives ONE of the following documents from the applicant verifying a child’s birth:

- A birth certificate from a hospital or other healthcare facility
- A signed statement by the health practitioner who presided over the delivery
- An equivalent document

The documentation must include the following information:

- Child’s name
- Place of birth
- Date of birth
- Gender
- Date the child was released from the hospital

Healthy Families must receive the documentation within 30 days of a child’s birth. If not, applicants will have to submit new applications.

Healthy Families Application Denials

Children who are not eligible for the Healthy Families program will be denied. Applicants will receive a denial notice from the Healthy Families Program that states the reason or reasons the children are not eligible. See pages 7-31 to 7-32 for a sample Denial Notice.

NOTE: Disenrollments, which are different from denials, occur when the benefits of children who are enrolled in Healthy Families have ended.

Causes for Healthy Families Application Denials

There are several possible reasons for denials. The reasons are either avoidable, such as incomplete applications, or unavoidable, such as children being over age 19 and/or ineligible. Information about denials is also provided in the Healthy Families Handbook (page 26).

The primary reasons for denials are listed below:

- **Children's ages**
Children age 19 and older will be denied Healthy Families regardless of family size and income.
- **Family income**
Families' incomes can either be too high or too low for Healthy Families. Eligibility depends on family size, family income and the children's ages. Families may have one child who is eligible for no-cost Medi-Cal and another who is eligible for Healthy Families. Given a certain family size and income, a child may not fall into the appropriate age range for Healthy Families. If their incomes are too high, applicants can apply to private or county specific programs in their local areas. See Chapter 11: Other Health Programs for more information.
- **Missing documentation**
Applicants did not provide documentation, including proof of income or verification of deductions. Most missing documents must be received by SPE within 17 days.

NOTE: Birth certificates and immigration documents do not need to be submitted with the application in order for children to be enrolled in Medi-Cal or Healthy Families. However, if these documents are not submitted to SPE within 60 days of enrollment, the children will be disenrolled.

Healthy Families Application Denials

- **Incomplete application**
Applicants did not answer one or more questions on the application, including not selecting health, dental and vision plans. Applicants may also fail to sign the application. Applicants will also be denied if applications are not signed.
- **No premium payment**
Applicants did not send in the first month premium payment for Healthy Families.

If a Healthy Families application is denied, the Healthy Families Program sends denied applicants the following three items:

- Denial letter explaining why the application was denied
- Refund of the premium payment (if included with original application)
- Information on the appeals process including the “Review Form” to appeal the denial

If the income is determined too low, the application will be forwarded to Medi-Cal (if applicants consent on Question 16 of the application). Instead of receiving a denial letter, applicants will receive a letter letting them know that their applications were forwarded to the county Department of Social Services and the date their application was forwarded.

What to do When a Healthy Families Application is Denied

If applicants believe they were wrongly denied, they can appeal the denial. See pages 7-22 through 7-24 for more information about the Healthy Families appeals process.

Healthy Families Open Enrollment

Each year, between April 15 and May 31, families with children in the Healthy Families Program have an opportunity to choose new health, dental and vision plans for their children. It may also be necessary to choose new health, dental and/or vision plans if their current plans is impacted. Healthy Families will mail open enrollment packages with pre-printed information about the available plans and the premium amounts to families . If families choose to change their plan(s), the changes will take effect on July 1st.

NOTE: It is very important that families notify Healthy Families of their new addresses whenever they move so that they will receive the Open Enrollment packet, their current billing statements and other important program documents/information.

Healthy Families Program Mid-Year Income Evaluations

If families' incomes change at any time during the year, the families can request that Healthy Families do a Mid-Year Income Evaluation to see if the changes in income will affect their HF eligibility or premium amount. The requests are placed through the Healthy Families Membership Line at 1-866-848-9166 and an appropriate form is mailed to the families.

The following table reflects possible outcomes of the Mid-Year Income Evaluation for the enrolled members.

Finding	Consequence
Subscriber's new income continues to qualify him/her for HFP but the new income places him/her in a <i>lower</i> income category bracket.	The family's premium is reduced accordingly.
Subscriber's new income continues to qualify him/her for HFP but the new income places him/her in a <i>higher</i> income category bracket.	The family's premium does not change until the subscriber's anniversary date. He/she will continue to go through the annual eligibility review process.
New income falls below HFP income guidelines and subscriber authorizes the application to be forwarded to the Medi-Cal program.	Subscriber continues HFP enrollment for two months under Bridging. The new income documentation, application and all supporting documentation is forwarded to the county of Department of Social Services in the county in which the applicant resides.
New income falls below HFP income guidelines and subscriber <i>does not</i> authorize the application to be forwarded to the Medi-Cal program	Subscriber remains enrolled in HF and a "Reconsider" letter is sent. If the subscriber then authorizes, in writing, for the application to be forwarded to the Medi-Cal program, the process as listed in the box directly above will be put in place.
New income is above the HFP income guidelines	Subscriber remains enrolled in HF until the subscriber's anniversary date. The applicant will continue to go through the annual eligibility review process.

Healthy Families Annual Eligibility Review

Once enrolled, children in the Healthy Families Program are eligible to receive services for 12 continuous months. Healthy Families requires an Annual Eligibility Review (AER) every 12 months to verify that the children still qualify. This review takes place on the families' anniversary dates which are 12 months from the date their last child was enrolled in Healthy Families.

Seventy five days before their anniversary date, families will receive an Annual Eligibility Review (AER) packet. They are required to submit updated income documentation as well as updates about who is living in the home. Family size and income will be reevaluated to determine if the children are still eligible for the Healthy Families Program. See page 7-33 for a sample AER form.

NOTE: If families do not receive their AER forms or need new copies, they can request them by calling the Healthy Families Membership Line at (866) 848-9166. Blank AER forms can also be downloaded from the Healthy Families website, www.healthyfamilies.ca.gov.

Included with the AER packet is the "Add a Person" form the applicant can use to add other children in the home who are not already enrolled in Healthy Families. Families also use this form if they want to add a child to an existing Healthy Families case at a time other than AER.

NOTE: DO NOT fill out a new application to add a child to an existing Healthy Families case. Copies of the "Add a Person" form can be downloaded from the Healthy Families website, www.healthyfamilies.ca.gov, using the "Download Forms and Documents" link.

Children whose family incomes are too low and are no longer eligible for Healthy Families and now qualify for no-cost Medi-Cal are eligible for up to two months of additional Healthy Families Bridging coverage while their information is forwarded and processed by the county Department of Social Services for Medi-Cal. If applicants do not consent for their information to be forwarded, they will still receive Bridging and will be sent a "Reconsider Medi-Cal" letter. See page 7-19 for Health Families Bridging.

NOTE: The Annual Eligibility Review (AER) is required every year to determine if the children are still eligible for the Healthy Families Program.

Healthy Families Program Bridging to Medi-Cal

Healthy Families Bridging to Medi-Cal extends Healthy Families coverage for two months for families whose children are found to be eligible for no-cost Medi-Cal at their Annual Eligibility Review (AER). This can be as a result of a change in family circumstances, such as changes in income and family size. If families consent on their AER form (Question 10), Healthy Families will automatically extend the children's coverage two months past their anniversary dates and forward their applications to the local County Department of Social Services. There is no separate application.

NOTE: Children whose families are two months past due on their premium payments will be disenrolled even if they were originally granted bridging coverage.

Families that do not consent for their information to be forwarded to their local county Department of Social Services will be sent a "Reconsider Medi-Cal" letter from Healthy families asking them to reconsider applying for Medi-Cal. Families can appeal their children's disenrollment from Healthy Families during their bridging coverage under the Administrative Review Process. See page 7-22 through 7-24 for more information about the Healthy Families Appeals Process.

Disenrollments

Families whose applications were approved and their children enrolled in Healthy Families can lose their coverage. This is called “Disenrollment.” The chart below lists reasons for disenrollment as well as how families can re-enroll when it applies:

Children Will be Disenrolled When:	Children Can be Re-Enrolled When:
The Annual Eligibility Review form and documentation is not returned by the end of the month of the anniversary date.	Either the AER form or a new application is reviewed and approved. The AER form will be accepted for up to 60 days after disenrollment.
The Annual Eligibility Review form is incomplete or missing income documentation.	Either the AER form or a new application is reviewed and approved. The AER form with the complete information and/or necessary documents will be accepted for up to 60 days after disenrollment. Beyond the 60 days after disenrollment, the family can submit a new application.
The children are found ineligible for Healthy Families during the Annual Eligibility Review.	No re-enrollment, but families may appeal the decision for benefits to be reinstated. See pages 7-22 through 7-24 for more information.
They reach age 19.	They are not eligible to re-enroll.
The premium payment is more than 60 days late (after the payment due date).	The premiums past due at the time of disenrollment are paid.

Disenrollments

Children Will be Disenrolled When:	Children Can be Re-Enrolled When:
The applicant does not provide birth certificates or immigration documents within 2 months of the enrollment date.	The applicant provides the documents within 60 days. After 60 days the applicant must re-apply.
Death of a subscriber	N/A
The applicant made false declarations.	The applicant re-applies.
The applicant requests disenrollment in writing from Healthy Families.	The applicant re-applies.

When children are disenrolled from Healthy Families, applicants are sent disenrollment notices stating the reason(s) the children were disenrolled. See pages 7-34 through 7-35 for a sample Disenrollment Notice. Applicants receive Appeal and Continued Enrollment forms as well as the Re-enrollment forms. Families may call the Healthy Families Information line at 1-800-880-5305 for more information and to request copies of these forms. They may download the forms from the Healthy Families web site, www.healthyfamilies.ca.gov.

Healthy Families Review Form and Appeals Process

Appeals are used to contest Healthy Families decisions that families believe are incorrect. For example, if applicants believe that they have been wrongly denied participation in or disenrolled from the Healthy Families Program, they may choose to appeal. Appealing denials may provide protection for applicants if they incurred any medical expenses and the denials were incorrect.

There are two different processes for appealing:

- Administrative Review Process
- Program Review Process

To appeal a Healthy Families decision, families may use the “Review Form” that is mailed with their denial or disenrollment letters. See pages 7-36 through 7-37 for a sample of this form. This form may also be obtained by calling the Healthy Families Information line at 1-800-880-5305 or downloading it from the Healthy Families website, www.healthyfamilies.ca.gov. CAAs may help applicants complete this form. The Healthy Families Program will notify applicants with the results of their appeals.

NOTE: Families should mail all review and appeals information to:
Healthy Families
Review Unit
P.O. Box 138005
Sacramento, CA 95813-8005

Administrative Review Process

The Administrative Review process is used to appeal decisions regarding the following:

- Eligibility - children are not qualified to participate or to continue participation
- Disenrollment - children are not qualified to enroll or to continue enrollment
- Effective Dates of Coverage - applicants disagree with the children’s effective dates of coverage

The Administrative Review process has three levels:

- First Level Appeal – reviewed by Healthy Families
- Second Level Appeal – reviewed by MRMIB
- Administrative Hearing – reviewed by an Administrative Law Judge

All appeals in the Administrative Review process start with the First Level Appeal.

Healthy Families Review Form and Appeals Process Administrative Review Process

First Level Appeal

First Level Appeals are reviewed by Healthy Families. Appeals must be sent to Healthy Families within 60 days of the date on the denial notice (NOT the date applicants receive their notices). Appeals can be made by the applicant or authorized representative by completing the review form included with the denial or disenrollment notice or by sending a letter which includes the following specific information:

- Copy of the denial or disenrollment notice
- Reason why the applicant thinks that the denial is wrong
- Rule(s) that the applicant believes Healthy Families violated or overlooked
- Statement as to how the applicant wants the appeal resolved

Healthy Families has 30 days to review appeals to determine whether or not the appeals are valid and the applicants' requested resolutions are appropriate.

If the appeals are granted, Healthy Families takes appropriate action and notifies the applicants within 30 days of receiving the appeals.

If the appeals are denied, Healthy Families will notify applicants that their appeals were denied and provide them with information regarding the Second Level Appeal.

Second Level Appeal

Second Level Appeals are used to appeal the first level decision and are reviewed by MRMIB. Applicants requests for Second Level Appeals must be in writing and received within 30 days of the Healthy Families First Level Appeal decision date. These appeals must include all the information required for First Level Appeals:

- Copy of the denial or disenrollment notice
- Reason why the applicant thinks that the denial is wrong
- Rule(s) that the applicant believes Healthy Families violated or overlooked
- Statement as to how the applicant wants the appeal resolved

MRMIB will determine whether the first level decision was correct.

If the appeals are granted, MRMIB will take the appropriate action and notify applicants in writing.

If the appeals are denied, MRMIB will notify applicants that their appeals were denied and provide them the information regarding the Administrative Hearing.

Healthy Families Review Form and Appeals Process Administrative Review Process

Administrative Hearing

Administrative Hearings are decided by an Administrative Law Judge. Requests for an Administrative Hearing must be received within 30 days of MRMIB's notice regarding the Second Level Appeal decision. The notice from MRMIB will contain the information that will need to be completed to file an Administrative Hearing request. Requests must be clear and concise statements of what actions are being appealed and why MRMIB's Second Level Appeal decision was incorrect.

Healthy Families Review Form and Appeals Process Program Review Process

Program Review Process

The Program Review Process is used to contest all decisions, except those covered under the Administrative Review Process.

The Program Review Process may be used to :

- Dispute missing documents
- Review billing questions and account balances
- Review other complaints and questions that are not subject to a formal appeal

The Program Review Process is also used for appeals submitted beyond 60 days from the date of the disenrollment notice.

Program Reviews do not have any further appeal rights, unlike the three levels of the Administrative Review Process. All Program Review decisions are final.

To appeal, applicants can use the pre-printed form attached to their denial letters. They can also send Healthy Families the following information:

- Copy of the denial notice
- Reason why the applicant thinks the denial is wrong
- Rule(s) that the applicant believes Healthy Families violated or overlooked
- Statement of how the applicant wants the appeal resolved
- Any other relevant information
- Family Member Number assigned by SPE

Decisions will be made within 30 days of the date the appeal is received. All decisions are final.

Continued Enrollment

Continued Enrollment (CE) provides Healthy Families coverage for children during an appeal and/or beginning at the time of disenrollment. See page 7-20 for information regarding disenrollment. CE occurs at the applicants' written requests; requests via phone are not accepted. If the applicants' appeals are successful, there is no break in the children's Healthy Families coverage. Children continue to receive their full coverage under Healthy Families as well as monthly invoices for premium payments.

Fifteen days prior to disenrollment (which always occurs at the end of the month), CE forms along with the disenrollment notices will be mailed to the applicants. See pages 7-36 and 7-37 for a sample CE form. Families' requests for CE must be received by Healthy Families before their disenrollment dates. If their CE forms are received by Healthy Families prior to their disenrollment dates, Healthy Families coverage will continue until their appeals are resolved.

NOTE: Appeals received after the disenrollment date but within 60 days of the disenrollment date will be processed, but the children will not receive any CE coverage. Appeals received after 60 days of the disenrollment date will be processed under the Program Review Process and the children will not receive any CE coverage.

Length of CE Coverage

CE extends Healthy Families coverage for one month or until the families' appeals are resolved. The children's CE ends at the end of the month when the appeals are decided. There are no extra costs for CE coverage if families' appeals are not granted. They do not have to repay any benefits received while their children were enrolled in CE. Families can file a second appeal (Second Level Appeal), but their children will not receive additional CE coverage during this Second Level Appeal.

Healthy Families Qualified Immigrants

Below is a list of immigration statuses that may qualify children for the Healthy Families Program. Refer to the information in the Healthy Families Handbook on Citizenship and Immigration Information (page 22-24) or in Chapter 10: Required Documents.

- An alien lawfully admitted for permanent residence
- An alien granted conditional entry
- An alien paroled into the U.S.
- An alien with the appropriate immigration status who (or whose child or parent) has been battered or subjected to extreme cruelty in the U.S.
- An alien granted asylum
- A refugee admitted to the U.S.
- An alien whose deportation is being withheld
- An alien who is a Cuban or Haitian entrant
- A qualified alien lawfully residing in any state who is an honorably discharged veteran
- The spouse, unmarried dependent or unmarried surviving spouse of a qualified alien who is an honorably discharged veteran
- An Amerasian immigrant

NOTE: Children in the above categories are currently eligible as long as they meet the other program requirements, regardless of their dates of entry.

Healthy Families Declarations: Application Section C

CAAs should review the Healthy Families Declarations listed in this section with applicants.

SECTION C: Healthy Families Declarations

I declare that each person I am applying for:

- is a resident of California.
- is not in jail or in a mental hospital.
- is not eligible for Medicare Part A and Part B.
- is not a member of a family that is eligible for health benefits from the California Public Employees Retirement System Health Benefits Program(s).

I further declare that:

- all individuals listed on this application will abide by the rules of participation, the utilization review process and the dispute resolution process of the participating plans in which the individual is enrolled.
- I have read and understand the **Healthy Families Handbook**. I understand what it says about each health, dental and vision plan and the benefits they offer.

- I am applying for all of my children eligible for **Healthy Families**, unless they are already enrolled, or I am 18 years old or a minor and applying for myself.

- I agree to pay 6 monthly premiums. If I do not pay the premiums, I will be taken off the program and cannot participate again for 6 months. I will have to pay for any **Healthy Families** services I use in the last month after coverage ended.

- I give permission to **Healthy Families** to check my family income, health coverage, immigration status of the people I am applying for, and all other facts on this application.

- I agree to notify the program within 30 days of any change of address of any person applied for who is accepted into the program and any change in the applicant's billing address.

Applicants are required to make the following declarations listed below.

Applicants declare that each person they are applying for:

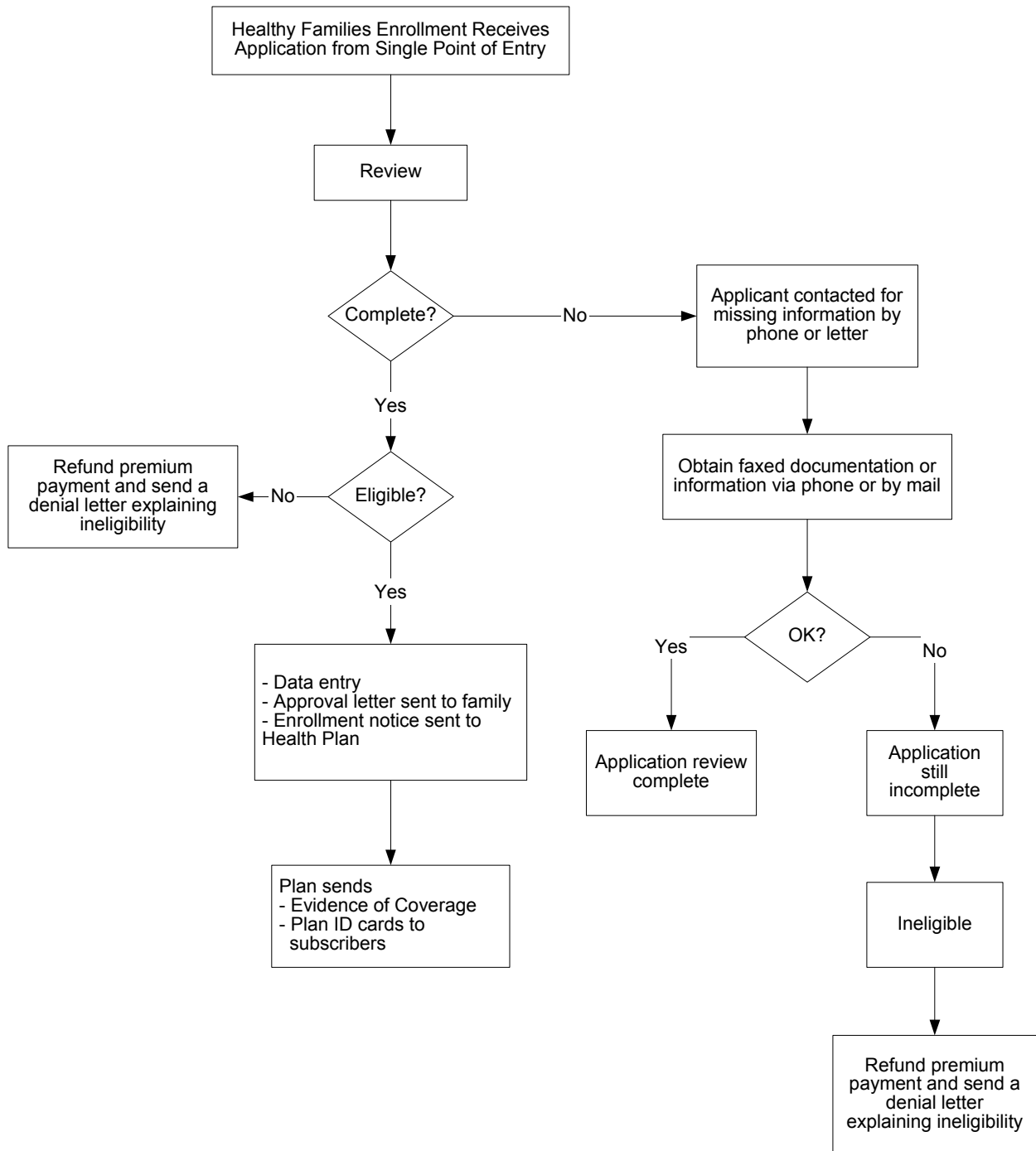
- Is a resident of California
Children must be California residents to be eligible for Healthy Families.
- Is not in jail or a mental hospital
- Is not eligible for Medicare, Part A and Part B
Children eligible for Medicare Part A and Part B are not eligible for Healthy Families.
- Is not a member of a family that is eligible for health benefits from the California Public Employees Retirement System Health Benefits Program(s) (CALPERS)
Children eligible for health benefits from CALPERS are not eligible for Healthy Families unless CALPERS pays less than \$10 a month towards the children's benefits. Examples of employees who may be eligible for CALPERS are federal, state or county employee as well as school district employees.

Healthy Families Declarations: Application Section C

Applicants further declare that:

- All individuals listed on this application will abide by the rules of participation, the utilization review process and dispute resolution process of the participating plans in which the individual is enrolled.
- I have read and understand the Healthy Families Handbook. I understand the information regarding each health, dental and vision plan and the benefits offered. The handbook contains important information about eligibility, premiums and other program details.
- I am applying for all of my children eligible for Healthy Families, unless they are already enrolled, or I am 18 years old or a minor and applying for myself.
- I agree to pay 6 monthly premiums.
There is no longer a six month waiting period for those children disenrolled for non-payment of premiums.
- I give permission to Healthy Families Program to check my family income, health coverage, immigration status of the people I am applying for, and all other facts on this application.
- I agree to notify the program within 30 days of any changes of address of any person applied for who is accepted into the program and any change in the applicant's billing address.
Healthy Families must have the applicant's up-to-date address to mail the monthly bill for the premium, as well as other important program information including the Annual Eligibility Review forms.

Healthy Families Application Review Process



Sample Denial Notice

Family Member Number: FMN

DATE

REC_NUM
HOH_NAME
ADDR_LINE_1
ADDR_LINE_2
CITY, STATE ZIP



Dear Applicant:

Recently, you asked us to enroll a family member in the Healthy Families Program. **We cannot do this because:**

NAME_1
This is a sample Reason. This is a sample Reason.

NAME_2
This is a sample Reason. This is a sample Reason.

NAME_3
This is a sample Reason. This is a sample Reason.

NAME_4
This is a sample Reason. This is a sample Reason.

NAME_5
This is a sample Reason. This is a sample Reason.

NAME_6
This is a sample Reason. This is a sample Reason.

NAME_7
This is a sample Reason. This is a sample Reason.

NAME_8
This is a sample Reason. This is a sample Reason.

NAME_9
This is a sample Reason. This is a sample Reason.

NAME_10
This is a sample Reason. This is a sample Reason.

If anyone on your application form is not listed here, you will get a separate letter from the Healthy Families Program telling you if that person can get Healthy Families coverage.

If your income is too high or too low

If your income is too high, you may be able to get health insurance through Kaiser Permanente Cares for Kids Child Health Plan. Please call 1-800-255-5053 for more information.

If your family income changes

We encourage you to re-apply for the Healthy Families Program if your family income changes.

HFLT 608 EN 03/15/2004

000005 04/12/2004

Sample Denial Notice

If you think we made a mistake

If you think we made the wrong decision, you can ask us for a review. **We must get your Program Review form by PRGM_REVW_DUE_DATE.**

To ask for a review:

1. **Fill out the Program Review form that came with this letter.** Tell us why you think your family member can get Healthy Families. You must answer questions 1 through 4 on the form.

You can also send any other information that you think we need to know. We cannot do a review over the phone. Write your Family Member Number on every paper that you send. Your Family Member Number is FMN.

2. **Mail the Program Review form** and any other papers to:

Healthy Families Program
ATTN: Review Unit
P.O. Box 138005
Sacramento, CA 95813-8005

Or, you can fax this information to us at **1-866-848-4974**. The fax number is free.

What happens next?

If we receive your Program Review form, we will look at the information and send you a letter within 30 days that tells you our decision.

Questions?

If you have questions, please call **1-866-848-9166**, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.

Thank you,

Healthy Families Program

000006

Sample Annual Eligibility Review Form



Annual Eligibility Review Form

To continue your Healthy Families health care coverage

Instructions

To continue Healthy Families coverage, you must fill out this form, attach all papers, and mail everything to us so that we receive it before coverage ends.

Questions?

If you have any questions about the form, call Healthy Families: **1-888-439-4741**, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday from 8 a.m. to 5 p.m. The call is free.

Information about you:

Family Member Number:

--	--	--	--	--	--	--	--	--	--	--	--	--

Name	First:		Last:	
	Street:		Apartment No.:	
Address	City:	State:	Zip Code:	County:
	Phone, daytime:		Phone, evening:	

1. Children *now* in Healthy Families.

Only list children in Healthy Families who live in your household. Do any of the children have income? For example, child support. If so, write their income. You

need to mail proof of income with this form. If you have questions about income, see the **Family Members and Income** brochure.

Child in Healthy Families (first and last name)	Date of Birth	Relationship to Applicant	Child's monthly income, if any
		<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other _____	\$ Send proof of income
		<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other _____	\$ Send proof of income
		<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other _____	\$ Send proof of income
		<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other _____	\$ Send proof of income

2. Have any of these persons received health insurance sponsored by an employer within the last 3 months? ☐ Yes ☐ No

If yes, which persons? _____

When did the insurance end? _____ Why did it end? _____

Questions? Call 1-888-439-4741, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

HEFM 63 Web 1/04

Sample Disenrollment Notice

Family Member Number: FMN

DATE

REC_NUM
HOH_NAME
ADDR_LINE_1
ADDR_LINE_2
CITY, STATE ZIP



Dear Applicant:

The Healthy Families Program does not provide health coverage any longer to the following people for the reasons listed below

NAME_1
NAME_2
NAME_3
NAME_4
NAME_5
NAME_6
NAME_7
NAME_8
NAME_9
NAME_10

You may have to pay for the health, dental, and vision services that these family members get after CVRG_END_DATE.

If you think we made a mistake

If you think we made the wrong decision, you can ask us for a review. To ask for a review:

1. **Fill out the Program Review form that came with this letter.** Tell us why you think your children can still get Healthy Families coverage. You can also send any other papers or information that you would like us to see. We cannot do a review over the phone. Write your Family Member Number on each paper. Your Family Member Number is: FMN.
2. **Mail your Program Review form and any other papers to:**

Healthy Families Program
Attention: Review Unit
P.O. Box 138005
Sacramento, CA 95813-8005

Or, you can fax to: **1-866-848-4974**. The fax number is free.

We must get your form by FM21_DUE_DATE.

If we receive your Program Review form after this date we cannot review it, and you will have to fill out a new application.

If you want to enroll your child again

If you think your family members meet the program rules and can now get Healthy Families, you can ask us to enroll them again.

HF LT 006a EN 03/12/2004

000001 04/12/2004

Sample Disenrollment Notice

1. **Fill out the Re-enrollment form that came with this letter.**
2. **Make copies of these papers:**
 - proof of income, such as copies of pay stubs;
 - checks or bills that show that you paid child care, child support, or alimony.
3. **Call 1-866-848-9166 and say: "I want to re-enroll my children in Healthy Families. How much will my premium bill be?"**
4. **Write a check or money order to "Healthy Families Program" for this amount.**
5. **Mail the Re-enrollment form, copies of your papers, and check to the address above for the Program Review form.**

Please send this form to us before FM21_DUE_DATE.

If you send the Re-enrollment form after this date, you will have to fill out a new application form.

What happens next?

When we get your Re-enrollment form, we will look at the information and we will let you know if your child can get Healthy Families.

Questions?

If you have questions, please call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.

Thank you,

Healthy Families Program

000002

Sample Appeal and Continued Enrollment Form



Review and Continued Enrollment

Ask Healthy Families to review and change a decision to disenroll someone

Instructions

Use this form if you do not agree with a decision Healthy Families made to disenroll someone in your family. (Disenroll means coverage will stop.) You may ask Healthy Families to change the decision; and you may ask to keep your coverage during the review. **Fill out the form and mail it so that we receive it before the disenrollment date.**

Questions?

If you have any questions about the form, call Healthy Families: **1-866-848-9166** Monday to Friday, 8 a.m. to 8 p.m., or on Saturday from 8 a.m. to 5 p.m. The call is free.

A. Information about you.

Family Member Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name	First:	Last:	
Address	Street:		Apartment No.:
	City:	State:	Zip Code: County:
Phone	Phone, daytime:		Phone, evening:

B. Information about the person or persons whose coverage will stop.

First name	Last name	CIN	Reason person's coverage will stop

C. Reason for review.

1. What is the decision you would like us to review?

Tell about the decision you would like us to review. Or, include a copy of the letter you got from Healthy Families that talks about the decision.

Questions? Call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

HF FM 101 Web 12/03

Sample Appeal and Continued Enrollment Form



Review and Continued Enrollment, Page 2

2. Why do you think our decision is wrong?

Write your reason below. Or, check the boxes below. Check as many as you wish.

- | | |
|--|---|
| <input type="checkbox"/> Income was figured wrong | <input type="checkbox"/> Payment was made |
| <input type="checkbox"/> Member is not on no-cost Medi-Cal | <input type="checkbox"/> I think decision violates Healthy Families policy or law (explain below) |
| <input type="checkbox"/> Sent papers that were asked for (tell us below when you mailed or faxed the papers) | <input type="checkbox"/> Other (explain below) |

3. What would you like us to do?

- ☐ Keep family members in Health Families ☐ Other (explain below)

4. What else would you like us to know?

Is there any other information you think would help us review our decision? Write the information or send other papers that will help us understand.

D. Sign the form and send it to us so we get it before the disenrollment date.

I am asking to keep coverage during the review. I understand that I must pay my monthly premium payments during the review process. I understand that if I do not make the payments, the members of my family may lose coverage.

Signature: _____ **Date:** _____

Mail the form and other papers to:

**Healthy Families
Review Unit
P.O. Box 138005
Sacramento, CA 95813-8005**

Or, you can fax the form and papers to:

Fax: 1-866-848-4974 The fax number is free.

Write your Family Member Number on each paper you send.

Questions? Call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

HF FM 101 Web 12/03